

<b>EPA</b> United States Environmental Protection Agency Washington, DC 20460 <b>Work Assignment</b>						Work Assignment Number 0-04				
						<input type="checkbox"/> Other <input type="checkbox"/> Amendment Number:				
Contract Number EP-W-12-003			Contract Period   01/13/2012   To   12/31/2012 Base <input checked="" type="checkbox"/> Option Period Number			Title of Work Assignment/SF Site Name DfE: Safer Product Labeling Pr				
Contractor SRC, INC.					Specify Section and paragraph of Contract SOW General, Section III					
Purpose: <input checked="" type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval						Period of Performance  From   02/25/2012   To   12/31/2012				
Comments: This administrative initiation of WA 0-04 documents the Work Assignment previously submitted to SRC on 2/25/2012.										
<input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
SFO (Max 2) <input type="checkbox"/>										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:				LOE: 0				
01/13/2012 To 12/31/2012										
This Action:						0				
Total:						0				
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:			Cost/Fee:			LOE:				
Cumulative Approved:			Cost/Fee:			LOE:				
Work Assignment Manager Name   Caroline Baier-Anderson						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number   202-564-0000				
						FAX Number:				
Project Officer Name   Cynthia Bowie						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-7726				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name   Abbie Jemmott						Branch/Mail Code:				
_____ (Signature)                      (Date)						Phone Number: 202-564-1266				
						FAX Number:				